

ACDV Response:		99994091031165125	
Account Number:	██████4537	SSN:	██████9020
Consumer Name:	DAVID MAX DAUGHERTY	Control Number:	99994091031165125
Response Code:	02:Modify account information as indicated	Subscriber Code:	465FS01690
Response Date:	04/24/2014	DF Contact Number:	
Response Due Date:	04/25/2014	DF Authorized Name:	Robert Rajina

Dispute Information:	
Dispute Code 1:	106:Disputes present/previous Account Status/Payment History Profile/Payment Rating. Verify Payment History Profile, Account Status, and Payment Rating.
Dispute Code 2:	
FCRA Relevant Information:	

Consumer Information:			
	Request Data	Response Data	Same / Diff
Last Name:	DAUGHERTY	DAUGHERTY	Same
First Name:	DAVID	DAVID	Same
Middle Name:	MAX		Unknown
Generation Code:			Unknown
Prev. Last Name:	CD		Unknown
Prev. First Name:	AB		Unknown
Prev. Middle Name:			Unknown
Prev. Generation Code:			
SSN:	██████9020	██████9020	Same
Date Of Birth:	██████1957		Unknown
Telephone Number:	3042956161		Unknown
ECOA Code:	1:Individual	1:Individual	
Street Address:	35 VALLEY VIEW DR 35	35 VALLEY VIEW DR	Different
City:	VIENNA	VIENNA	
State:	WV:West Virginia	WV:West Virginia	
Zip:	26105	26105	
Prev. Street Address:	PO BOX 816		Unknown
Prev. City:	PARKERSBURG		
Prev. State:	WV:West Virginia		
Prev. Zip:	26102		
2nd Prev. Street Address:	VALLEYVIEW DR		
2nd Prev. City:	VIENNA		
2nd Prev. State:	WV:West Virginia		
2nd Prev. Zip:	26105		

Account Information:		
	Request Data	Response Data
Account Status:	82:Account 120 days past the due date.	11:Current account.
Payment Rating:		
Cond. / Cum. Status:		
CII:		
MOP:	05:Pays over 120 days; 5 or more payments past due	
CCC:		XR:Removes the most recently reported Compliance Condition Code.

99994091031165125													
SCC:	BO:Foreclosure proceedings started.												
Portfolio Type:	M:Mortgage												
Account Type:	08:Real Estate - Specific Type Unknown												
Terms Duration:	30												
Terms Frequency:	M:Monthly												
Date Opened:	08/10/1999												
Date of Account Information:	03/24/2014												
Date of Last Payment:	01/01/2012												
Date Closed:													
FCRA DOFD:	10/01/2011												
Current Balance:	85639												
Amount Past Due:	6128												
High Credit / Original Amt.:	100813												
Credit Limit:													
Original Charge Off Amount:													
Actual Payment:	200												
Scheduled Monthly Payment:	968												
Original Creditor Name:													
Creditor Classification:													
Agency ID:													
Sec. Mktg. Agency Acct Num:													
Mortgage ID Number (MIN):													
Specialized Payment Ind.:													
Defrd. Payment Start Date:													
Balloon Payment Amt.:													
Balloon Payment Due Date:													
Portfolio Indicator:													
Purchased From / Sold To:													
Narrative / Remarks:													
Account History													
Year		Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
2014	Req.										-	D	4
	Resp.										0	0	0
2013	Req.	4	D	4	D	D	4	4	D	D	4	D	D
	Resp.	0	0	0	0	0	0	0	0	0	1	0	0
2012	Req.	D	D	D	D	D	D	D	D	D	3	2	3
	Resp.	0	0	0	0	0	0	0	1	0	4	3	2
2011	Req.	B	-	-	-	-	-	-	-	-	-	-	-
	Resp.	3	B	-	-	-	-	-	-	-	-	-	-
2010	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2009	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2008	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2007	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Res	-	-	-	-	-	-	-	-	-	-	-	-
Associated Consumer Information													
Last Name:													
First Name:													
Middle Name:													
Generation Code:													
SSN:													
Date Of Birth:													
Telephone Number:													
ECOA Code:													
CII:													
Street Address:													
City:													
State:													
Zip:													
Authorized Name:	Robert Rajina												
Date:	04/24/2014												
When you sign this form, you certify that you have verified the accuracy of the entire item in compliance with all legal requirements and that your computer and/or manual records will be adjusted to reflect changes noted above.													

ACDV Response:		99994154012191129	
Account Number:	██████4537	SSN:	██████9020
Consumer Name:	DAVID MAX DAUGHERTY	Control Number:	99994154012191129
Response Code:	02:Modify account information as indicated	Subscriber Code:	465FS01690
Response Date:	06/20/2014	DF Contact Number:	
Response Due Date:	06/23/2014	DF Authorized Name:	Shalini Singh

Dispute Information:	
Dispute Code 1:	106:Disputes present/previous Account Status/Payment History Profile/Payment Rating. Verify Payment History Profile, Account Status, and Payment Rating.
Dispute Code 2:	
FCRA Relevant Information:	

Consumer Information:			
	Request Data	Response Data	Same / Diff
Last Name:	DAUGHERTY	DAUGHERTY	Same
First Name:	DAVID	DAVID	Same
Middle Name:	MAX		Unknown
Generation Code:			Unknown
Prev. Last Name:			Unknown
Prev. First Name:			Unknown
Prev. Middle Name:			Unknown
Prev. Generation Code:			
SSN:	██████9020	██████9020	Same
Date Of Birth:	██████1957		Unknown
Telephone Number:	3042956161		Unknown
ECOA Code:	1:Individual	1:Individual	
Street Address:	35 VALLEY VIEW DR 35	35 VALLEY VIEW DR	Different
City:	VIENNA	VIENNA	
State:	WV:West Virginia	WV:West Virginia	
Zip:	26105	26105	
Prev. Street Address:	PO BOX 816		Unknown
Prev. City:	PARKERSBURG		
Prev. State:	WV:West Virginia		
Prev. Zip:	26102		
2nd Prev. Street Address:	VALLEYVIEW DR		
2nd Prev. City:	VIENNA		
2nd Prev. State:	WV:West Virginia		
2nd Prev. Zip:	26105		

Account Information:		
	Request Data	Response Data
Account Status:	82:Account 120 days past the due date.	11:Current account.
Payment Rating:		
Cond. / Cum. Status:		
CII:		
MOP:	05:Pays over 120 days; 5 or more payments past due	
CCC:		XR:Removes the most recently reported Compliance Condition Code.

99994154012191129													
SCC:													
Portfolio Type:		M:Mortgage						M:Mortgage					
Account Type:		26:Conventional Real Estate Mortgage including Purchase Money First (Terms Duration in years)						26:Conventional Real Estate Mortgage including Purchase Money First (Terms Duration in years)					
Terms Duration:		30						360					
Terms Frequency:		M:Monthly						M:Monthly					
Date Opened:		08/01/1999						07/20/1999					
Date of Account Information:		05/29/2014						06/20/2014					
Date of Last Payment:		01/01/2012											
Date Closed:													
FCRA DOFD:		10/01/2011											
Current Balance:		85639						79857					
Amount Past Due:		6128						0					
High Credit / Original Amt.:		100813						100813					
Credit Limit:													
Original Charge Off Amount:													
Actual Payment:		200						968					
Scheduled Monthly Payment:		1077						968					
Original Creditor Name:													
Creditor Classification:													
Agency ID:													
Sec. Mktg. Agency Acct Num:													
Mortgage ID Number (MIN):													
Specialized Payment Ind.:													
Defrd. Payment Start Date:													
Balloon Payment Amt.:													
Balloon Payment Due Date:													
Portfolio Indicator:													
Purchased From / Sold To:													
Narrative / Remarks:													
Account History													
Year		Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
2014	Req.								-	0	0	0	0
	Resp.								0	0	0	0	0
2013	Req.	0	0	0	0	0	0	0	0	0	1	0	0
	Resp.	0	0	0	0	0	0	0	0	0	1	0	0
2012	Req.	D	D	D	D	D	D	D	D	D	3	2	2
	Resp.	D	D	D	D	D	D	D	D	D	3	3	2
2011	Req.	B	-	-	-	-	-	-	-	-	-	-	-
	Resp.	3	-	-	-	-	-	-	-	-	-	-	-
2010	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2009	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2008	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2007	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Res	-	-	-	-	-	-	-	-	-	-	-	-
Associated Consumer Information													
Last Name:													
First Name:													
Middle Name:													
Generation Code:													
SSN:													
Date Of Birth:													
Telephone Number:													
ECOA Code:													
CII:													
Street Address:													
City:													
State:													
Zip:													
Authorized Name:		Shalini Singh											
Date:		06/20/2014											
When you sign this form, you certify that you have verified the accuracy of the entire item in compliance with all legal requirements and that your computer and/or manual records will be adjusted to reflect changes noted above.													